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Sheet 1 of

Form PTO-1449				Docket Number (Optional) 00671384		Application Number 09/663,088		
SUPPLE	MENTAL INFORMA CITATION IN AN APPLICA	N	LOSURE					
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	(444		Applicant					
				Dr. Uwe Schilling				
				9/15/2000		Group Art Unit 3661		
U.S. PAT	ENT DOCUMENTS	}						
EXAMINER INITIAL	DOCUMENT NUMBER	DATE		NAME	CLASS	SUBCLASS	FILING IF APPRO	
	5,485,161	1/16/96	Vaughn					
	5,184,123	2/2/93	Bremer e	al.			<u> </u>	
Cas	5,177,685	1/5/93	Davis et a	al				
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			IGN PATI	ENT DOCUMENT				
	DOCUMENT NUMBER	DATE		COUNTRY	CLAS	S SUBCLASS	Transl YES	NO
	DE 27 00 662 A1	21.7.00	Company				Abstract	
5	DE 37 00 552 A1	21.7.88	Germany		-			
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EXAMINE	R: Initial if citation consider	dered, whethered. Include	er or not cital	tion is in conformance vorm with next commun	with MPEP §6	09. Draw line	through	citation